POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		*IV*	*6/15*
FORMALITY REVIEW	*BZ*	*TC3-883*	*07-22-01*
RESPONSE FORMALITY REVIEW	*AM*	*917*	*10-26-01*

INDEX OF CLAIMS

✔ .... Rejected	N .... Non-elected
= .... Allowed	I .... Interference
— (Through numeral)... Canceled	A .... Appeal
÷ .... Restricted	O .... Objected

Claim Final	Original	Date									
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Claim Final	Original	Date									
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If more than 150 claims or 10 actions
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